PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

| | | | or <u>Fax</u> (5 | 71)-273-2885 | | | |
|--|---|---|--|---|---|--|----------------------------|
| appropriate. All further | correspondence including ed below or directed of | ing the Patent, advance | SUE FEE and PUBLICA' orders and notification of (a) specifying a new corr | maintenance fees v | vill he maile | d to the current c | orrespondence address as |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 20462 | 7590 09/09 | | | - | | tt | |
| CORPORATE I P. O. BOX 1539 | | W2220 I b Str add tra | ereby certify that the | is Fee(s) Tra | ailing or Transm nsmittal is being of t postage for first E FEE address at 1-2885, on the dat | ission deposited with the United class mail in an envelope bove, or being facsimile e indicated below. | |
| KING OF PRUS | SSIA, PA 19406-09 | | Michele S. | Levin/ | | (Depositor's name) | |
| | | | | Micke | les | · Rer | (Signature) |
| | | | Γ | 1210 | 4/20 | 08 | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTO | ~ / | ATTORNEY | DOCKET NO. | CONFIRMATION NO. |
| 10/569,812 02/10/2006 | | Ian Holmes | | PB60441 | | 6556 | |
| TITLE OF INVENTION | * | | · · · · · · · · · · · · · · · · · · · | _ | | ······································ | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOI | TAL FEE(S) DUE | DATE DUE |
| nonprovisional | МО | \$1440 | \$300 | \$0 7 | | \$1740 | 12/09/2008 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS |] | | | |
| LAO, MARIALOUISA | | 1621 | 562-450000 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Grace C. Hsu 2 Mary E. McCarthy 3 Charles M. Kinzig | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON | THE PATENT (print or ty | ne) | | - | |
| | | | e data will appear on the p OT a substitute for filing an | • | e is identifie | ed below, the doc | ument has been filed for |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| GLAXO GROUP LIMITED Greenford Middlesex, England | | | | | | | |
| Please check the appropri | ate assignee category or | categories (will not be p | rinted on the patent): | Individual Co | rporation or o | other private group | entity Government |
| 4a. The following fee(s) a Issue Fee Publication Fee (N Advance Order - # | o small entity discount p | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2570 (enclose an extra copy of this form). | | | | | |
| 5. Change in Entity Stat | us (from status indicated | d above) | | | | | |
| | SMALL ENTITY state | | b. Applicant is no lon | | | | |
| NOTE: The Issue Fee and interest as shown by the r | Publication Fee (if requeecords of the Onited Sta | uired) will not be accepte tes Pateni and Trademar | ed from anyone other than k Office. | the applicant; a regis | tered attorne | y or agent; or the | assignee or other party in |
| Authorized Signature | Drace | Closu | | Date | 12/4, | 108 | |
| Typed or printed name | Grace C. I | Hsu | | Registration No | 51 , 3 | 36 | |
| This collection of informa | ution is required by 37 C | FR 1.311. The informati | on is required to obtain or | retain a benefit by th | e public which | ch is to file (and b | y the USPTO to process) |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.